

Green Mountain Care Board 89 Main Street Montpelier, VT 05620 [phone] 802-828-2177 www.gmcboard.vermont.gov

Cornelius Hogan Jessica Holmes, PhD Robin Lunge, JD, MHCDS Susan Barrett, JD, Executive Director

DELIVERED ELECTRONICALLY

May 31, 2017

Mr. Jason Goguen BAART Behavioral Health Services, Inc. 1145 Market Street, 10th Floor San Francisco, CA 94103

RE: Docket No. GMCB-011-17con, Proposed Establishment of an Opiate Addiction Treatment Facility in St. Albans, VT

Dear Mr. Goguen:

Thank you for your letter dated May 25, 2017 regarding the above-referenced project and your request that the project be subject to emergency review. Based on the facts outlined in the request—the abrupt closure of Maple Leaf Treatment Center and the approximately 170 persons requiring these services who are currently traveling daily to Newport or Burlington—the Board is granting emergency review of the proposed project.

Please provide the Board, as soon as is practicable, an application that includes a detailed description of the proposed project and how it meets the statutory criteria set forth in 18 V.S.A. § 9437. Under Statutory Criteria 1, Health Resource Allocation Plan (HRAP) Standards that apply are: 1.6, 1.9, 1.10, 1.11, 1.12, 4.4 and 4.6. Include within your submission descriptions of the project's inpatient (if applicable) and outpatient components; the medical and non-medical services that will be available to residents on- and off-site (including off-site provider names, their contractual or other arrangement with the applicant, and the type of service(s) provided); a detailed budget spreadsheet reflecting all capital and annual operating costs to make the project fully operational; an entity-wide organizational chart; a breakdown of project staffing that includes the number of FTEs and expected salary/fringe for each; and a description and cost of any renovation, construction or IT component to the project.

Sufficient financial information is required for the Board to evaluate the project's financial impacts and feasibility. Please complete and submit Financial Table 1 (Project Costs) and Financial Table 2 (Financing Arrangement). In addition, for each 12-month period (specify the 12-month period) beginning with Projected 2017 and ending with Projected 2020, provide: 1) Profit and Loss Statements; 2) Revenue Projections; 3) Balance Sheets; and 4) Cash Flows for the St. Albans facility.

Please send for Board review the original and two hard copies of the information requested, along with other pertinent documentation and application materials and one copy of the Verification Under Oath. Please send an electronic copy to dona.jerry@vermont.gov.



If you have any questions, please do not hesitate to call me at (802) 828-2918. Sincerely,

<u>s/ Donna Jerry</u>Donna JerrySenior Health Policy Analyst

